

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
WORKERS' COMPENSATION SELF-INSURED GROUP
FILING SYNOPSIS FOR RATES AND/OR RULES

WC SIG
NAME _____ KOI# _____ DATE _____

1. This filing is being made under () use & file or () prior approval law.
2. What is the greatest percent (%) change (+or -) in premium for any member in any classification within the latest 12-month period of time? _____%
(include the compound effect of the last revision, if the effective date of that revision was within 12 months of this filing.)
3. What is the estimated average statewide impact on your direct written premium in Kentucky?
_____%
4. What was your direct written premium in Kentucky last year? \$ _____
5. What was your loss ratio including all loss adjustment expense last year? _____%
For the last five years? _____%
6. What was the effective date of your last rate change? _____
7. To what extent is the proposed change based on your Kentucky profit/loss experience?

8. What is the source of the statistical data being submitted?
() Own () Other Insurer () Advisory Organization
9. If the change is supported by statistical data provided by an advisory organization, name the organization and reference filing number.
Organization _____ Reference filing number _____
() Kentucky data or () Countrywide data
10. If you are not relying solely upon your own statistical data, what weight have you given to your own data? Explain why your own data was not sufficient in developing your new rates.

11. Has investment income been offset from your prospective profit provision in your expense ratio? () YES () NO. IF NOT, PLEASE EXPLAIN. _____
